

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115755

1. Entity Name
THE CANVAS SHOP OF NORTH FLORIDA, INC.



Principal Place of Business
2305 BEACH BLVD.
SUITE 110
JACKSONVILLE BEACH, FL 32250

Mailing Address
2305 BEACH BLVD
SUITE 110
JACKSONVILLE BEACH, FL 32250

FILED
Apr 17, 2008 08:00 AM
Secretary of State



02212008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3760412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, MARGO
837 5TH AVE NORTH
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SWANEY, ANGIE
STREET ADDRESS	1502 SPINDRIFT CIR W
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	P
NAME	WATKINS, MARGO
STREET ADDRESS	837 5TH AVE N
CITY-ST-ZIP	JAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/08-80031-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margo Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2008
Date

904-241-8667
Daytime Phone